



P/TBI Rehabilitation Fellowship Program: DC VAMC Employment Process for New Appointees

Partner Service Organizations:

- Human Resources/ VetPro
- Office of Planning, Education and Performance Improvement
- The P/TBI Fellowship Program/PM&R

Applicant: Dr. XXXX XXXXXX (Associated Health Fellow)

Process start date: x/xx/xx

Anticipated completion date: x/xx/xx (X wks)

Initial Facility Processing Stage:

HR		Mr./Ms. XXXX XXXXXXXX	
Date started	Date completed	TASK	Notes
		Candidate CV received from P/TBI Program	
		Fellowship Project received from P/TBI Program	
		Functional Statement received from P/TBI Program	
		Fingerprints taken; security clearance granted	
		10-2850 Form: receipt & verification	
		10-2850 Form: signed by PEPI Director	
		OF 306 form completed	
		EQIP started and completed	
		Employee Health: PM&R request memo sent by PT Director	
		Employee Health: TB test clear (PPD; x-ray; prior results)	
		HR initials on FCVL form (e.g., appl., citizenship)	
		Recommended 'start date' issued by HR: xx/xx/xx	

VetPro		Mr./Ms. XXXX XXXXXXXX	
Date started	Date completed	TASK	Notes
		FCVL form: received from P/TBI Program	
		PT license and CPR card copies sent to VetPro	
		VetPro online application	
		Credentialing and approval completed	
		FCVL form: completed with all required initials + signature	

HR/VetPro Sign Off: _____

Date: _____

Final Facility Approval Stage:

("Submission start date" contingent on receipt of materials from HR/VetPro per page 1)

DC VAMC Approval		Front Office + PEPI	
Date started	Date completed	TASK	Notes
		FCVL form: signed and dated by PEPI Director	
		FCVL form: signed and dated by MCD	
		MCD endorsement letter: signed + dated by MCD	
		Return 10-2850 Form signed by PEPI Director to HR	
		Return FCVL form signed by PEPI Director and MCD to VetPro	
8/7/15	8/10/15	Grant, application, and endorsements forwarded to OAA by P/TBI Fellowship Program & PEPI (Dr. XXXX XXXXXX or Ms./Mr. XXXX XXXXXX)	

P/TBI Fellowship Program Sign Off: _____ **Date:** _____

Final Submission Stage:

(Upload files on OAA site)

Submission start date: x/xx/xx

Anticipated VA/OAA notification date: x/xx/xx (X wks)

Targeted start date: x/x/xx

OAA approval: _____

Actual start date: _____